Group Medical Insurance Policy for the Retired employees.

1.TITLE OF THE SCHEME

The scheme is known as **"Contributory Post-Retirement Medical Scheme - IPD"** for the Retired Employees.

2. OBJECTIVE OF THE SCEHEME

To extend medical benefits during the inpatient medical treatment for Single Life (Widow/Widower/Unmarried) or Self+Spouse through contributory mediclaim insurance cover, to the insured regular ex-employees governed under IDA pay pattern and who separated from the services of the Corporation on account of superannuation or death on or after 01.04.2009 and who opted for Medical Insurance as per circular dated 13.05.2019. The effective date of the policy is 01.08.2025 to 31.07.2026.

3. DEFINITIONS

i) Insured Person – means Person(s) named on the schedule of the policy.

ii) In-Patient – An insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving treatment for suffered ailment/illness/disease/injury/accident during the currency of the policy.

iii) Cashless Facility – means the TPA may authorize upon the Insured persons' request for direct settlement of admissible claim as per agreed charges between approved hospital and the insured person may not have to pay any bill after the end of the treatment at hospital to the extent the claim is covered under the policy.

iv) Medical I.D. Card – means the card issued to the Insured Person by the TPA to avail Cashless Facility in the approved hospital.

v) Approved Hospital – means hospitals that have agreed with the TPA to participate for providing cashless health services to the insured persons. The list of empanelled hospital is enclosed.

vi) Recognized Hospital – means hospitals that are approved by the insurance company for providing treatment for the insured persons other than those which are providing cashless health services.

vii) Referral Hospital - means hospitals having facilities for providing super specialty treatment for the insured persons and duly approved by insurance company.

The salient features of the Contributory Post-Retirement Medical Scheme are detailed below:

SCOPE- RETIRED EMPLOYEES

1	**Corporate Details**	
1.1	**Full Name of the Insured**	**Cement Corporation of India Ltd.**
1.2	**Corporate Office**	New Delhi
1.3	**Business / Industry Type**	Cement Business
1.4	**Geographical Limits**	India (no location barrier)
1.5	**Entity Coverage**	Master policy to be issued in the name specified above. CCIL will keep Insurers notified of any future listing & delisting of entities including those entities for which the insured has assumed an obligation to arrange insurance for their respective rights, titles & interests and Insurer to give CCIL extension of same coverage as per agreed rates. All such listing & delisting to be given same effect as additions & deletions in the Master Policy & premium accounting to be done on pro rata basis.
2	**Member Information**	**Self**
3	**Sum Insured (INR)**	**Self only- INR 300,000 , Self+ Spouse- INR 600,000**
4	**Benefits**	**Terms and Condition**
4.1	**Family Floater**	Yes
	Family Unit Definition	Employee + Spouse
	Sum Insured Approach	**Self only- INR 300,000 , Self+ Spouse- INR 600,000**
	Cap on Sum Insured if Applicable for any Relation	NA
	Option to Increase Sum Insured	NA
	Limit of number of children	NA
4.4	**Pre-existing Disease Covered**	Covered from day one of enrolment
4.5	**30 days waiting period is Applicable**	Waived Off
4.6	**1/2/4 waiting period for specified ailments is Applicable**	Applicable
4.9	**Ambulance Services**	INR 3K per incidence
4.10	**Co-payments (mention limits, if applicable)**	10% Co-payment
4.11	**Deductibles (mention limits, if applicable)**	**Not Applicable**
4.12	**Room Rent Restrictions if any**	**State capitals - 2% of SI for Normal and ICU on Actual basis Metro - 3% of SI for normal and ICU on Actual basis other cities – 1.5%of SI for normal and ICU on Actual basis**

4.13	**Corporate Buffer**	**Not Applicable**
4.14	**Day Care procedures**	Covered
4.15	**Terrorism Related Hospitalisation**	Covered
4.16	**Clause on Advancement of Medical Science**	Covered
4.17	**Coverage for cost of dentures**	Covered
4.18	**Treatment for correction of eyesight beyond +/-8**	Covered
4.19	**Donor & Receiver Expenses covered in case of organ transplant**	Covered
4.20	**Sub Limit or Capping on any ailment**	Not Applicable
4.21	**Waiting Period for any ailment**	Waived Off
4.22	**Cancellation Clause**	Not Applicable
5	**POLICY OPERATING GUIDELINES**	**Below clauses should be incorporated based on specific requirement of client**
5.1	**Coverage to New retiree**	from day one
5.2	**Coverage to Family Members**	from day one
5.3	**Cataract Surgery Limit**	INR 50 K per eye
5.4	**Lasik / Laser Surgery – Eye**	More than (+ -) 5 (Index)

5. <u>Coverage of all Pre-existing diseases or ailment / injuries:</u>

All ailments / diseases / injuries / health condition which are pre-existing (treated/untreated, declared / not declared in the proposal form) shall be covered under the policy.

6. <u>Pre –hospitalization and Post hospitalization Expenses:</u>

(a) Pre – Hospitalization: Relevant medical expenses incurred during the period up to 30 days prior to hospitalization on diseases / illness / injury sustained will be considered as part of claim.

(b) Post – hospitalization: relevant medical expenses incurred for the period 60 days after hospitalization on diseases / illness / injury sustained will be considered as part of claim.

(c) Special Provision for Day care: The Insurance policy should provide day care coverage for specific treatment taken in network specialized day care centers where the insured is discharged on the same day like eye surgery, radio therapy, Coronary Angiography, treatment of fractures etc.